ACC	ACORD _{tm} CERTIFICATE OF LIABILITY INSURANCE DATE (MM/I								DD/YY)
THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S) AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.									
sub _i	ORTANT: If the certificate hole ject to the terms and condition confer rights to the certificate h	is of the	policy	ر, certain policies ،	may require a nt(s).				
PRO	DUCER		CONTACT	CONTACT NAME:					
					PHONE Fax				
					(A/C. No. Ext): (A/C. No):				
					ADDRESS: PRODUCER				
					CUSTOMER	ID#:			
					INS	INSURER(S) AFFORDING COVERAGE NAIC #			
INSURED					INSURER A:				
THIS MUST MATCH EXACTLY TO THE CONTRACTOR NAME AND INFORMATION AS LISTED IN THE					INSURER B: INSURER C:				
CO	CONTRACT OR SCOPE OF WORK.					INSURER D:			
					INSURER E:				
COV	COVERAGES CERTIFICATE NUMBER:					INSURER F: REVISION NUMBER:			
THIS	IS TO CERTIFY THAT THE POLICIES (OF INSURA	ANCE LIS	STED BELOW HAVE BE	EN ISSUED TO	THE INSURED N	AMED ABOVE F	OR THE POLICY P	ERIOD INDICATED
NOTV PERT MAY I	VITHSTANDING ANY REQUIREMENT. TERMAIN. THE INSURANCE AFFORDED BY THE HAVE BEEN REDUCED BY PAID CLAIMS.	M OR CON	DITION O DESCRIE	F ANY CONTRACT OR OT	THER DOCUMENT TO ALL THE TER	WITH RESPECT MS, EXCLUSIONS	TO WHICH THIS	CERTIFICATE MAY E	E ISSUED OR MAY
INS LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)		LIMITS	
	GENERAL LIABILITY						EACH OCCURE	NCE \$	
	COMMERCIAL GENERAL LIABILITY						DAMAGE TO RE PREMISES (Ea	NTED \$	
:	<u> </u>					``	Occurrence) MEDICAL EXP		
	CLAIMS MADE CCCUR						(Any One Persor		
						\$.	PERSONAL & A INSURY	9	
							GENERAL AGG	REGATE \$	
	GEN'L AGGREGATE LIMIT APPLIES PER: DPOLICYDPROJECTDLOC					13,5	PRODUCTS – C AGG	омр/ор \$	
:	ANY AUTO						COMBINED SIN (Ea accident)	GLE LIMIT \$	
	ALL OWNED AUTOS SCHEDULED AUTOS						BODILY INJURY (Per person))	\$	
	HIRED AUTOS NON-OWNED AUTOS						BODILY INJURY (Per accident)	\$	
		. *					PROPERTY DA! (Per Accident)	MAGE \$	
		500 K	V635						
	Umbrella Liab						EACH OCCURR	- +	
	Excess Liab CLAIMS MADE						AGGREGATE	\$	
	DEDUCTIBLE							\$	
	RETENTION \$						WA ANIM.	\$	
WORKERS COMPENSATION AND EMPLOYER'S LIABILITY							WC STATU-TOR		
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?		l				EL EACH ACCID	Ψ	
	Y/N	N/A					EL DISEASE . P	OLICY \$	
	(Mandatory in NH) If yes, describe under SPECIAL PROVISIONS BELOW:						EL DISEASE . E. EMPLOYEE	^ \$	
City o	ription of Operations/Locations/Ve of Scottsdale, its representatives, agents age and waive rights of recovery (subrogat	and emplo	yees, is	an Additional Insured un	der Commercial	General Liability	and Auto Liabilit	y. All cited insurance	e shall be primary
						CANCELLATION			
Attn: (City of Scottsdale Buyer or Bid & Contract Staff Name) 9191 E. San Salvador Drive					SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
Scottsdale, AZ 85258									
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